

<b>PATIENT</b>	<b>PRESENTING CLINICAL SIGNS</b>
Tyr Eihwaz	History: <ul style="list-style-type: none"> <li>• Clinical Exam Findings: Inappetence for 3 days - will take treats but complete refusal of regular dog food, No vomiting/diarrhea</li> <li>• ABNORMAL Labwork Values- 3/21/26: HCT 36.3; GLOB 3.8; ALP 314</li> <li>• Current Medications- Rimadyl 100mg q 12 hours; Levothyroxine 0.8mg PO q 24 hours; Adequan (has received one IM injection)</li> <li>• Notes to Specialist (if any), Had ultrasound w/ Animal Sounds 03/2025</li> </ul>
<b>SPECIES</b>	
Canine	
<b>BREED</b>	
Labrador X	
<b>SEX</b>	<b>ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN</b>
MN	<b>Urinary System</b>
<b>AGE</b>	The urinary bladder, trigone, and cystourethral junction exhibited normal thickness and tone. Anechoic urine was present in the lumen with no evidence of urine or lumen sediment, mineral, or calculi. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes was noted.
10 years	The residual prostate was symmetrically normal in size with uniform parenchyma and slight coarse echotexture.
<b>WEIGHT</b>	No evidence of pathology in the area of the aortic trifurcation.
130 lbs.	Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and mild loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Areas of mild medullary mineral were noted. The left kidney measured 7.3 cm in length. The right kidney measured 7.8 cm in length.
<b>INTERPRETED BY</b>	<b>Adrenal Glands</b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	The left and right adrenal glands were not definitively visualized owing to patient size and conformation.
<b>IMAGING PERFORMED BY</b>	<b>Spleen</b>
Sara Hansen	The spleen exhibited normal size and contour with homogeneous parenchyma. Focal to intermittent, discreet, hypoechoic, non-capsule deforming nodule to nodules were noted, with an example measuring 1.1 cm in diameter.
<b>HOSPITAL NAME</b>	<b>Liver/ Gallbladder</b>
Paws AH	The liver was subjectively normal in size, structure, and contour. The liver parenchyma was mild / moderate nonuniform and hypoechoic to the spleen with a mild/ moderate coarse echotexture and subjective mild parenchymal remodeling. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size containing primarily anechoic content with mild, nonorganized gallbladder debris. The cystic and common bile ducts were normal.
<b>REFERRING VET</b>	
Dr. Johnson	
<b>INVOICE</b>	
10743	
<b>DATE</b>	
3/26/26	



<b>PATIENT</b>	<b><i>Gastrointestinal</i></b>
Tyr Eihwaz	The stomach presented intact wall layering with a normal wall layer ratio. The lumen of the stomach contained mild, nonshadowing ingesta / chyme without signs of obstruction or foreign material. The stomach was nondistended in size.
<b>SPECIES</b>	
Canine	The small intestine presented intact wall layering with 1:3 muscularis/mucosa ratio. The lumen of the small intestine was empty with no signs of ileus, obstruction, or foreign material. There is no evidence of mechanical / metabolic ileus to the level of the colon.
<b>BREED</b>	
Labrador X	Normal visible colon wall layers were present with apparent formed feces in lumen.
<b>SEX</b>	<b><i>Pancreas</i></b>
MN	The parenchyma of the left limb, body, and right limb of the pancreas presented isoechoic to the adjacent omental fat. A normal curvilinear capsule contour of the pancreas was present. The visible pancreatic duct was normal. No signs of active inflammation or neoplastic disease were evident.
<b>AGE</b>	<b><i>Free Abdomen</i></b>
10 years	No overt lymphadenopathy or peritoneal effusion was present.
<b>WEIGHT</b>	<b>ULTRASONOGRAPHIC FINDINGS</b>
130 lbs.	<ul style="list-style-type: none"> <li>• Mild parenchymal remodeling – most consistent with benign hepatopathy</li> <li>• Mild nonorganized gallbladder debris (non mucocele)</li> <li>• Normal visualized gastrointestinal tract with mild nonshadowing gastric ingesta – most consistent with retained food / chyme echogenicity</li> <li>• Discreet splenic nodules – lymphoid hyperplasia or hematopoiesis favored, potential for emerging splenic neoplasia thought less likely, yet not definitively excluded</li> <li>• Normal area of pancreas</li> <li>• Age-related renal changes with mild medullary mineral</li> </ul>
<b>INTERPRETED BY</b>	<b><u>INTERPRETATION OF THE FINDINGS &amp; FURTHER RECOMMENDATIONS</u></b>
R. McKenzie Daniel, DVM, DABVP (Canine and Feline)	No visualized evidence of gastrointestinal mural pathology, obstructive pattern, or foreign material. A GI panel to include PLI/TLI/Cobalamin/Folate, screening cortisol level, and three-view chest radiographs to assess for occult disease is recommended. Assuming normal clotting status and using a 25-gauge needle, splenic FNA cytology is warranted to assess for occult disease. Gastrointestinal support with clinical and sonographic monitoring would be more conservative.
<b>IMAGING PERFORMED BY</b>	
Sara Hansen	
<b>HOSPITAL NAME</b>	
Paws AH	
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**PATIENT**

Tyr Eihwaz

**SPECIES**

Canine

**BREED**

Labrador X

**SEX**

MN

**AGE**

10 years

**WEIGHT**

130 lbs.

**INTERPRETED BY**

R. McKenzie Daniel,  
 DVM, DABVP  
 (Canine and Feline)

**IMAGING PERFORMED BY**

Sara Hansen

**HOSPITAL NAME**

Paws AH

**REFERRING VET**

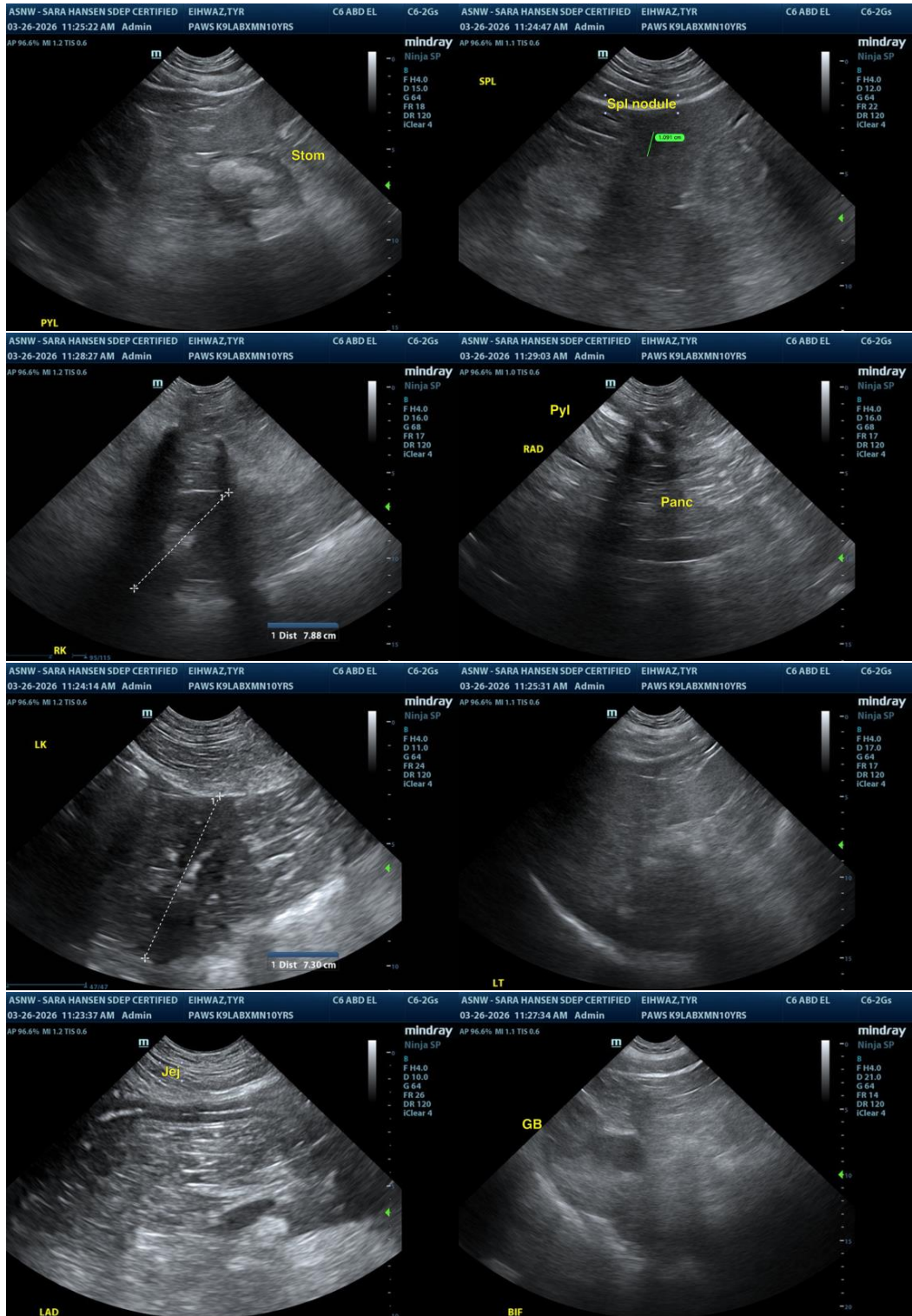
Dr. Johnson

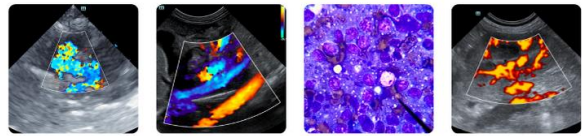
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**PATIENT**

Tyr Eihwaz

**SPECIES**

Canine

**BREED**

Labrador X

**SEX**

MN

**AGE**

10 years

**WEIGHT**

130 lbs.



**The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**INTERPRETED BY**

R. McKenzie Daniel,  
DVM, DABVP  
(Canine and Feline)

**R. McKenzie Daniel, DVM, DABVP (Canine/Feline Practice)**  
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